



ALBEMARLE ELECTRIC MEMBERSHIP CORPORATION

Post Office Box 69, Hertford, North Carolina 27944-0069
Telephone (252) 426-5735 Toll Free 1-800-215-9915 Fax (252) 426-8270

Application for Membership and Service Agreement
Commercial Account

To be considered for electric service from, and for membership with, Albemarle Electric Membership Corporation, all applicable information must be completed. Based on the results of a credit report, a security deposit may be required to activate your electric service, and it must be paid prior to activation.

Name of Account \_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_

Billing Address \_\_\_\_\_

Contacts: \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

If Sole Proprietorship, Owner's Name & Social Security Number:

If Partnership, Partners' Names and Social Security Numbers:

By signing below, the undersigned hereby applies for electric service to be provided by the Cooperative and authorizes the Cooperative to perform a credit check to determine credit-worthiness. Furthermore, the undersigned agrees to pay a connect fee, a security deposit based on credit score, or, if greater, the estimated total of the two highest monthly charges, and be bound by all provisions in the Cooperative's Bylaws and Service Rules and Regulations, along with all applicable laws, rules, regulations, statutes, and ordinances as they may now exist and as they may be modified from time to time.

Signature of Official Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of Additional Official Representatives (if partnership) \_\_\_\_\_ Date \_\_\_\_\_

For Co-Op Use Only: Member # \_\_\_\_\_ Service Order# \_\_\_\_\_

Location Name or Area \_\_\_\_\_ Location # \_\_\_\_\_

Online Score \_\_\_\_\_ Deposit Amount Due \_\_\_\_\_ Date Connect Fee/Deposit Paid \_\_\_\_\_